POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*illegible*		12/1/99
O.I.P.E. CLASSIFIER	*illegible*	5 *illegible*	12-10-99
FORMALITY REVIEW		64177	1-7-00
RESPONSE FORMALITY REVIEW		64177	3-7-10

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

Form PTO-
Rev 6-991